## IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF GEORGIA SAVANNAH DIVISION

U.S. DISTRICT COURT SAVANNAH DIV. 2020 NOV 10 AM 9:58

CLERK OLL SO. DIST. OF GA.

**United States of America** 

v. CASE NO: 4:19-cr-3

Dr. Johnny J. Di Blasi a/k/a "Dr. Johnny"

## Reply to Government Response to the order dated 10/16/2020 (Doc 42)

The motion for the return of property was **absolutely and illegitimately** considered "moot," as the property requested was not completely returned. The following electronic and miscellaneous items LISTED IN Attachment #1 were returned by way of the Buffalo DEA: 1ZTE cell phone, one Dell computer, one Google Chromebook, one clover station tablet, one white iPhone, and one black flash drive.

The items <u>not</u> returned are listed attached on the original receipt of items seized by the Miami federal DEA agents special agent Maria Vassallo and special agent Gus Sachetti on Attachments #2 and #3. The government claimed to have returned these particular items of significant personal value to my wife, Florence Melissa Rutland, however these items were not documented as returned nor was she given permission to receive these items. In fact, Special Agent Eric Kruger was in the process of manipulating my case details and taking a derogatory untruthful statement from my wife at the time these items were allegedly given to her. The government is currently responsible for these missing items which have never been returned to me by either the special agents who had custody of these items upon my arrest or the alleged transfer to Florence Melissa Rutland, who claims to not have the items, including a large sum of U.S. currency and valuable watches.

#### DAMAGE CAUSED BY GOVERNMENT MANIPULATION

It is my belief that Florence Melissa Rutland was illegally coerced by DEA agents to testify against me to disparage me for the advantage of the court in my case. She was given the opportunity to steal all personal property from me. In fact, while I was illegally incarcerated without bond by your court order, everything I owned in my household was either stolen or disposed of, including the equity value of my home in excess of \$200,000. The contents/items in my home were insured for the amount of \$300,000. Because the house was occupied by my estranged wife, she prevented real estate agents (under contract) from entering my home. As a result of the cooperative actions of agents and the court, my home was prevented from being legally sold and eventually forced into foreclosure in a VA guaranteed mortgage. The details of this issue will need to be handled in civil court at a future date, to include all parties responsible, including all federal agencies involved.

This significant loss has caused irrevocable damage partially at the fault of the government.

Florence Melissa Rutland, Edwin Hamilton, and others entered my clinic properties and household and stole thousands of dollars worth of medical equipment and all my personal property. I believe a significant con was committed against me with the government's cooperation, and this occurred while I was incarcerated without resources or communication. I am holding the government responsible for its role and I am researching all options for civil litigation.

Edwin Hamilton and Mark A. Churchman were both specifically identified as individuals who entered my home and stole specific items of high value. Their crimes would constitute multiple counts of Larceny by Conversion and they should be held accountable and arrested.

The government took statements from these two Individuals in its successful journey in disparaging me and eventually bringing all the false charges against me that led to a coerced plea agreement. This is worth repeating... During my incarceration, I was coerced into surrendering my medical license and accepting a plea to a felony thus sentenced 33 months, which was below the extremely inflated sentencing guidelines for the fake charges placed against me. I now enter the final few months of my incarceration in the form of home confinement, and will seek legal justice against those responsible for the crimes committed against me, my practice, and my patients.

I filed a local police report upon discovering the multiple thefts, as well as a claim with my homeowners' insurance policy. The insurance carrier (USAA) denied my claim on the basis that my wife was in charge of my personal property.

#### **MOTION to REMOVE DOJ Website LIES and FAKE NEWS**

It was also discovered that during my incarceration, fake media news outlets (online and in print) as well as the Department of Justice website published multiple lies and fake news about my case. They used creative language to disparage and discredit me as a physician. Among many lies, they even stated that I attempted to flee prosecution, when this is simply not a provable fact.

This information on the DOJ website <u>must be removed</u> by a lawful court order. The damages are so immense that my litigating capabilities against the government and others will surmount huge damages. In order to avoid this process, I would ask the court to order a removal of all content regarding my case from the DOJ website as well as other media outlets such as WTOC in Savannah, GA and allongeorgia.com, as well as all others who helped agencies pat themselves on the back for their big doctor bust, even as inaccurate a lie it was to the general public.

### JUSTIFICATION FOR RELEASE REQUEST

I would also ask for a release upon the exhaustion of administrative remedies within the BOP. If the BOP does not grant my release, I would ask the court to consider time served and end my entire sentence to include probation terms.

Finally, I vehemently deny the courts contention that I have served only a small part of a 33 month sentence. The court is both fundamentally and mathematically incorrect in this statement. I served 15 months incarcerated, including seven months in a high security county jail in a non-segregated population of serious offending criminals. Then I served eight months at Coleman Low Federal Correctional Complex, which was one full security level above that which the judge recommended. I was

supposed to go to a Camp not a Low, but due to a clerical error on the part of the BOP, I served at the higher security level.

Errors in Document 42 alleging that I only served a small part of my sentence should be considered for correction by the facts above. A little more than 5 months remain on my 33 months sentence with the Bureau of Prisons Home Confinement Program, and I have successfully completed a great number of rehabilitative and re-entry programs, including the teaching of programs to fellow inmates.

I shall request from the BOP all administrative remedies possible for my early release from confinement and probation. Certainly if exhausted, I will address this court for a commutation and release for my sentence, and I believe with very just cause.

## **Complaint Against Special Agent Eric Kruger and others**

Complaints have been filed with the Office of Inspector General against Special Agent Eric Kruger, and we have been referred to the Drug Enforcement Administration Office of Professional Responsibility for the misbehavior of this special agent in all manners regarding the investigation, the defamation of my practice, and in the mishandling of all my property. Illegal use of the Controlled Substance Act and manipulation of the Converted Drug Weight form a significant basis for my upcoming complaints that shall be filed with the proper authorities. As of this writing, I await their effective response. See Attachment #4.

#### CONCLUSION

Thank you for your consideration in this matter and my reasonable response to the denial of my released from custody and the denial for the return of my property that was seized by the government. I look forward to the court's response to my losses and the responsibility of the court in remedying such.

Signed

Dr. Johnny J. Di Blasi

Date: November 1, 2020

# Document 43 Filed 11/10/20 Page 4 of 7

U.S. DEPARTMENT OF JUSTICE - DRUG ENFORCEMENT ADMINISTRATION RECEIPT FOR CASH OR OTHER ITEMS TO: (Name, Title, Address (including ZIP CODE), if applicable) FILE NO. G-DEP IDENTIFIER FILE TITLE DATE DIVISION/DISTRICT OFFICE I hereby acknowledge receipt of the following described cash or other item(s), which was given into my custody by the above named individual. AMOUNT or QUANTITY DESCRIPTION OF ITEM(S) PURPOSE (If Applicable) Witness By TFo Lab No. -Date Opened -Gross Wt. After Analysis-RECEIVED BY (Signature) NAME Resealed \_ WITNESSED BY (Signature) NAM ersion FORM DEA-12 (8-02) Previous editions obsolete

| U.S. DEPARTMENT OF JUSTICE - DRUG RECEIPT FOR CASH                                                                                                                     |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Title, Address (including ZIP CODE), if applicable)                                                                                                                    | FILE NO.                     | G-DEP IDENTIFIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| in Di Blasi                                                                                                                                                            | FILE TITLE                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| in Di Blasi                                                                                                                                                            |                              | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
|                                                                                                                                                                        | DATE                         | DATE 12-24-18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
|                                                                                                                                                                        | DATE /                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| STRICT OFFICE                                                                                                                                                          |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| MFD                                                                                                                                                                    |                              | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
|                                                                                                                                                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| I hereby acknowledge receipt of the follow                                                                                                                             | ving described cash or other | er item(s),                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| I hereby acknowledge receipt of the following described cash or ot which was given into my custody by the above named individual.  or QUANTITY  DESCRIPTION OF ITEM(S) |                              | PURPOSE (If Applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                                                                                                                        | 0 1 1/ / / 1 1 1 1           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 1 Black soft suitcase                                                                                                                                                  |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 1 Black duffel bug with                                                                                                                                                | white letters                | Personal belongings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| 1 10/                                                                                                                                                                  | 2- 101                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 1 yery /Ulive carry on                                                                                                                                                 |                              | Personal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
|                                                                                                                                                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Vage                                                                                                                                                                   |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 1/25                                                                                                                                                                   |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| X.Z.                                                                                                                                                                   |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| 260                                                                                                                                                                    |                              | Se successive de la constantina della constantin |  |  |
|                                                                                                                                                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| d                                                                                                                                                                      |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                        |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| BY (Signature)                                                                                                                                                         | IAME AND TITLE (Print        | or Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| My//asallo                                                                                                                                                             | SA Maria                     | a Vasalla.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| D BY (Signature)                                                                                                                                                       | IAME AND TITLE (Print        | or Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |

Case 4:19 er-00003-RSB-CLR Document 43 Filed 11/10/20 Page 6 of 7

| U.S. DEPARTMENT OF JUSTICE - DRUG ENFORCEMENT ADMINISTRATION RECEIPT FOR CASH OR OTHER ITEMS |            |                  |  |  |  |  |
|----------------------------------------------------------------------------------------------|------------|------------------|--|--|--|--|
| TO: (Name, Title, Address (including ZIP CODE), if applicable)                               | FILE NO.   | G-DEP IDENTIFIER |  |  |  |  |
| John Di Blasi                                                                                | FILE TITLE |                  |  |  |  |  |
| John John 12/21/18                                                                           |            |                  |  |  |  |  |
| 7                                                                                            | DATE i2    | - 2 4 - 1 E      |  |  |  |  |

DIVISION/DISTRICT OFFICE

Miam, FD

|                                                         | I hereby acknowledge receipt of the fell which was given into my custody by the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lowing described cash or oth<br>above named individual. | ner item(s),                          |                 |  |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|-----------------|--|
| AMOUNT or QUANTITY                                      | DESCRIPTION OF ITEM(S) PURPOSE (If Applica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |                                       | (If Applicable) |  |
|                                                         | Gucci silver w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | tch                                                     | Penono                                | 1 belonging     |  |
| )                                                       | coin - navy -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |                                       |                 |  |
|                                                         | ring -sold-cl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <i>(</i> )}                                             |                                       |                 |  |
|                                                         | sticky pad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |                                       |                 |  |
|                                                         | chip stick                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | · · · · · · · · · · · · · · · · · · ·                   | · · · · · · · · · · · · · · · · · · · |                 |  |
|                                                         | vope rosa-i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                         |                                       |                 |  |
|                                                         | black belt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |                                       | lin bar         |  |
| -                                                       | un determined am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ,,,+ if                                                 | Seded                                 | 177             |  |
|                                                         | U.S. currency                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |                                       |                 |  |
|                                                         | U.S. pasiport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |                                       |                 |  |
|                                                         | brown noteped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         |                                       |                 |  |
| /                                                       | brown hot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |                                       |                 |  |
| /                                                       | brown yaillet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                         | / }                                   |                 |  |
|                                                         | Nothing to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                         |                                       | /               |  |
|                                                         | The total of the same of the s | tallan                                                  |                                       |                 |  |
| $\sim$                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                       |                 |  |
| NAME AND TITLE (Print or Type)  SA Trus, Mars           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                       |                 |  |
| WITNESSED BY (Signature) NAME AND TITLE (Print or Type) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                       |                 |  |
| Mallorallo SA Merca Vasallo                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                         |                                       |                 |  |



### DEPARTMENT OF JUSTICE | OFFICE OF THE INSPECTOR GENERAL

October 20, 2020

Johnny James Di Blasi, MD escapingdiversion@hotmail.com

Dear Dr. Di Blasi:

Thank you for your correspondence dated October 9, 2020. The U.S. Department of Justice (DOJ), Office of the Inspector General, investigates allegations of misconduct by employees and contractors of DOJ, as well as waste, fraud and abuse affecting DOJ programs and operations. After reviewing your complaint, we have determined that the matters that you raised are more appropriate for review by another office within the DOJ. Therefore, we have forwarded your correspondence to:

Drug Enforcement Administration Office of Professional Responsibility 8701 Morrissette Drive Springfield, VA 22152 Telephone Number: (202) 307-1000

Please direct any further correspondence regarding this matter to that office.

Of course, if you have information that involves other allegations or issues regarding DOJ employees, contractors, programs or operations, please feel free to submit that information to us.

Thank you for giving us the opportunity to review your concerns.

Sincerely,

Office of the Inspector General Investigations Division